



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 102400004

CITY OR TOWN RICHMOND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GROVE STREET ENTERPRISES, INC.

DOING BUSINESS AS HILLTOP ORCHARDS

ADDRESS 508 CANAAN RD

CITY/TOWN: RICHMOND

STATE: MA

ZIP CODE: 01254

MANAGER: VITTORI, JULIA
LYNN

TYPE OF LICENSE: Pouring Permit

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

POURING PERMIT FOR FARMER WINERY LICENSE. 30X25 ROOM WITH ONE ENTRANCE AND EXIT WITHIN A ONE STORY METAL BLDG WITH 6 ENT/EXITS ALSO A GAZEBO LOCATED 12 FEET EAST OF THE FRONT ENTRANCE AND APPROX 1/2 WAY BETWEEN THE WEST AND EAST SIDE OF EXISTING METAL BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 102400005

CITY OR TOWN RICHMOND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STEADFAAST FOODS, LLC

DOING BUSINESS AS SP, A CATERING

ADDRESS 2089 STATE ROAD

CITY/TOWN: RICHMOND

STATE: MA

ZIP CODE: 01254

MANAGER: TENUTA, THOMAS TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GENERAL STORE ON FIRST FLOOR. MAIN ENT/EXIT FACING WEST ON RTE 41/STATE RD. SECOND EXIT IS TO THE EAST OF REAR OF BLDG. THE STORE SELLS PREPARED FOODS, RETAIL ITEMS AND WINE, BEER AND SPIRITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)